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National Hospital Productivity Improvement Program

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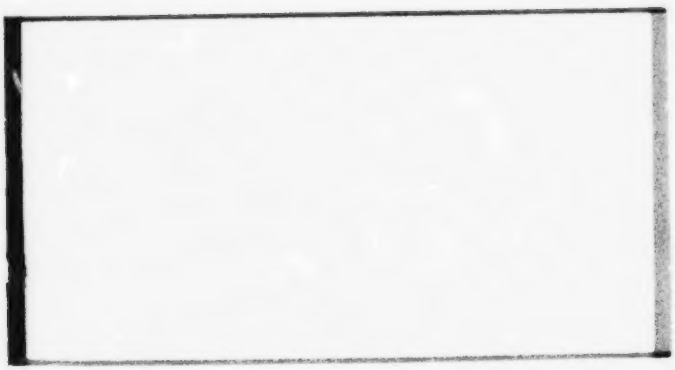

NATIONAL HOSPITAL PRODUCTIVITY
IMPROVEMENT PROGRAM

SPEECH/LANGUAGE PATHOLOGY & AUDIOLOGY WORKLOAD MEASUREMENT SYSTEM

The National Hospital Productivity Improvement Program is a conjoint, cost-shared Federal/Provincial Program, conducted in collaboration with Hospitals and the Health Professions.

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Additional copies of this document
may be obtained from:

Mr. D.F. Moffatt
Chairman,
FEDERAL/PROVINCIAL SUB-COMMITTEE ON
PRODUCTIVITY IMPROVEMENT;
Health Services Directorate,
Health Services and Promotion Branch,
Department of National Health and Welfare,
Ottawa, Ontario
K1A 1B4

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Only hospitals employing qualified speech/language pathologists and audiologists may report to Statistics Canada under Speech/Language Pathology and Audiology in the Quarterly Hospital Information System and the Annual Return of Hospitals. (See Glossary 5.1)

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SPEECH/LANGUAGE PATHOLOGY AND AUDIOLOGY
WORKLOAD MEASUREMENT SYSTEM

1. GENERAL INFORMATION

1.1 Background

Hospitals are complex organizations enveloping a broad range of staff and activity and as such, they are a challenge to manage and control. Moreover, as costs rise in periods of fiscal restraint, productivity improvement becomes important to hospital administrators, department heads and governments alike. It is in this light that impetus was given to the systematic development of workload measurement systems in various specialty areas/departments to provide uniform and reliable workload data to assist in staffing, budgeting, planning, monitoring, quality assurance, etc.

W.M.S. statistics were recorded and reported in a standardized fashion in Canada for the first time in 1954 with the introduction of the Laboratory system. A combined W.M.S. for physiotherapy and Occupational Therapy became operational in 1971. A separate system for Physiotherapy appeared in 1977 followed by one for Occupational Therapy in 1979. Systems for Diagnostic Radiology and Respiratory Technology/Pulmonary Function were implemented in 1982/83 and 1985/86 respectively.

1.2 Speech/Language Pathology and Audiology Workload Measurement System (WMS)

In 1983, the Federal/Provincial Sub-committee on Productivity Improvement approached the Canadian Speech and Hearing Association to nominate members to develop a workload measurement system for speech/language pathology and audiology. The working group on this workload measurement system was struck in late 1983, and included members of the profession, representatives of Health and Welfare Canada, Statistics Canada, and the Management Information Systems (M.I.S.) Project. Health and Welfare Canada provided program support and funding. This manual is a product of the Working Group on the Speech/Language Pathology and Audiology Workload Measurement System.

1.3 The Federal-Provincial Sub-Committee on Productivity Improvement

The Sub-Committee on Productivity Improvement has a number of working groups, one of which was Speech/ Language Pathology and Audiology, reporting to it, who are either developing or revising a particular workload measurement system.

This committee is a Standing Committee of the Advisory Committee on Institutional and Medical Services. Health and Welfare Canada provides overall program coordination.

1.3.1 Terms of Reference

The Sub-Committee on Productivity Improvement is responsible for directing and coordinating the ongoing Hospital Productivity Improvement Program, established nationally on a cost-shared and cooperative Federal-Provincial basis.

Major facets of the program include the development, promotion, evaluation, maintenance and funding of Workload Measurement Systems and Staffing Methodologies. Other functions inherent in the Sub-Committee's mandate include liaison with professional associations and the provision of assistance to such organizations in the assessment of their requirements, as well as educational activities, and the preparation, testing, publication and implementation of Workload Measurement System in the field.

Health and Welfare Canada provides overall program coordination. Statistics Canada is responsible for the provision of National statistics through the "Annual Return of Health Care Facilities" and the "Quarterly Hospital Information System (Q.H.I.S.)".

1.3.2 Representation

The Sub-Committee on Productivity Improvement comprises representatives from Health and Welfare Canada, provincial health authorities, the Canadian Hospital Association, Statistics Canada and the Management Information Systems (MIS) Project.

FEDERAL/PROVINCIAL SUB-COMMITTEE ON PRODUCTIVITY IMPROVEMENT

Mr. Donald F. Moffatt
(Chairman)
Director
Institutional & Professional Services
Health Services Directorate
Health Services & Promotion Branch
Health & Welfare Canada
OTTAWA, Ontario

Mr. Louis de G. Fournier
Chief
Institutional Statistics Section
Health Division
Statistics Canada
OTTAWA, Ontario

R. Thelma Cameron
Director of Hospital Standards and Administration
Hospital Services Commission
CHARLOTTETOWN, P.E.I.

Mr. Don Harriman
Coordinator of Hospital Services and Standards
Department of Health
FREDERICTON, New Brunswick

Mr. Glen Chapman
Executive Director
Brandon General Hospital
BRANDON, Manitoba

Mr. Stephen K. Jensen
Assistant Executive Director
Camp Hill Hospital
HALIFAX, Nova Scotia

Mr. Norman Dawson
Senior Analyst
Institutional Statistics Section
Health Division
OTTAWA, Ontario

Mr. M.H. Lamb
Director
Institutional Operations Branch
Alberta Hospitals and Medical Care
EDMONTON, Alberta

Mr. Patrick Dobbin
Hospital Consultant
Hospital Services Division
Government of Newfoundland and Labrador
Department of Health
ST. JOHN'S, Newfoundland

Mrs. B. Lowry
Executive Director
Management Information Systems Project
OTTAWA, Ontario

Dr. W. A. Dorsett
Director
Strategic Planning
Saskatchewan Hospital Services Plan
REGINA, Saskatchewan

Mr. C. Henderson
Associate Executive Director
Royal Ottawa Hospital
OTTAWA, Ontario

**FEDERAL/PROVINCIAL SUB-COMMITTEE
ON PRODUCTIVITY IMPROVEMENT**

Ms. L. Henderson
Manager
Workload Measurement Systems -
Technical Unit
c/o Toronto Institute of Medical
Technology
TORONTO, Ontario

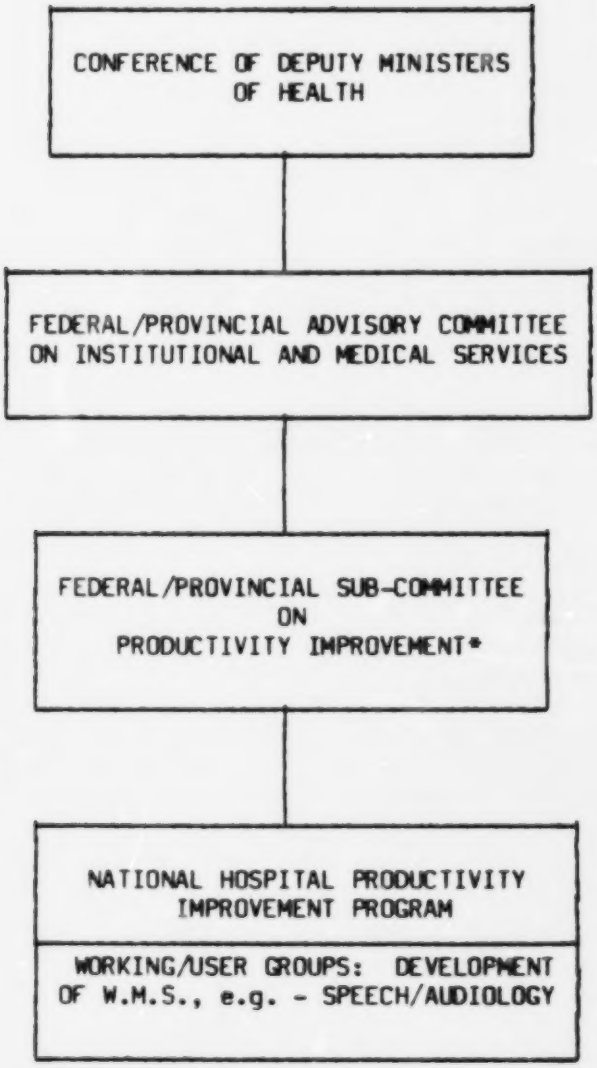
Dr. H.H. Rubarth
Consultant in Health Administration
Institutional & Professional
Services
Health Services Directorate
Health Services & Promotion Branch
Health and Welfare Canada
OTTAWA, Ontario

Mr. Bob Siemens
Director
Urban Health Facilities Division
Manitoba Health Services Commission
WINNIPEG, Manitoba

Mr. Malcolm Walker
Director
Institutional Operations Branch
Ontario Ministry of Health
TORONTO, Ontario

Mr. John Watts
Manager
Management Engineering Service
Professional & Institutional
Services
Ministry of Health,
VICTORIA, British Columbia

1.3.3 Organization


CONFERENCE OF DEPUTY MINISTERS OF HEALTH
FEDERAL/PROVINCIAL ADVISORY COMMITTEE ON INSTITUTIONAL AND MEDICAL SERVICES
FEDERAL/PROVINCIAL SUB-COMMITTEE ON PRODUCTIVITY IMPROVEMENT*
NATIONAL HOSPITAL PRODUCTIVITY IMPROVEMENT PROGRAM
WORKING/USER GROUPS: DEVELOPMENT OF W.M.S., e.g. - SPEECH/AUDIOLOGY

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* Program Coordination provided by:

Health Services Directorate
Health and Welfare Canada

1.4 Working Group - Speech-Language Pathology and Audiology

Dr. Hans Rubarth (Chairman)
Consultant, Health Administration
Health Services Directorate
Health Services and Promotion Branch
Health & Welfare Canada
Ottawa, Ontario

Mr. Terry Albert
Project Manager
Health Services Directorate
Health Services and Promotion Branch
Health & Welfare Canada
Ottawa, Ontario

Mr. Keith Anderson
Assistant Executive Director
Holy Cross Hospital
Calgary, Alberta

Mrs. Nancy Chan
Director, Speech/Language Pathology
and Audiology
Montreal General Hospital
Montreal, Quebec

Dr. Keith Christopher
Director, Rehabilitation
Ottawa Civic Hospital
Ottawa, Ontario

Mme. Louise Coderre
Directeur
Ecole d'Orthophonie et d'Audiologie
Université de Montreal
Montreal, Quebec

Mrs. Naneve Hawke
Past President
Canadian Speech and Hearing Association
Ste. 306, Eglinton Ave. W.
Toronto, Ontario

Mme. Nicole Lessard
Chef de Service
Orthophonie
Hôpital Ste. Justine
Montréal, Quebec

Dr. George Mencher
Director
Nova Scotia Hearing and Speech Clinic
Halifax, Nova Scotia

Mrs. Linda Senzilet
Team Member, Diagnostic &
Therapeutic Services
Management Information Systems Project
Ottawa, Ontario

Dr. Andrée Durieux Smith
Director, Audiology
Children'S Hospital of Eastern Ontario
Ottawa, Ontario

Mr. Dave W. Stensland
*Manager, Speech Pathology and Audiology
Rehabilitation Services
Health Services Division
Alberta Social Services and Community Health
Edmonton, Alberta

* (to August 1984).

The Working Group was responsible for the development of this W.M.S. Manual.

1.5 Future Revisions

This workload measurement system is designed to be flexible in order to accommodate organizational and technological change, clinical advancement and also to allow for expansion of the system. A user group will be responsible for monitoring the system and for recommending changes on an on-going basis.

2. INTRODUCTION

It is the objective of the WMS to provide hospitals with a standardized, uniform method of recording and reporting activities that allows for the comparison and analysis of Speech/Language Pathology and Audiology activities, staff productivity, utilization and cost data. As a workload measurement tool, it quantifies the major activities of the department. The W.M.S. provides a data base that will assist in major management functions of planning, programming, budgeting and monitoring.

The data generated by the system forms part of a departmental management information system which will enable managers to prepare the information they need for decision-making purposes and to supply the reports required by their administration and provincial and federal governments.

Historically hospital Speech/Language Pathology and Audiology departments collected only rudimentary information, frequently a counting of patients seen or number of contacts. Today, an increasing number of these departments have more complex requirements for data analysis. Regardless of whether the information system is manual and simple, or computerized and complex, its primary purpose is to assist the department to maintain measurable professional accountability.

The system is designed to capture broad categories of patient care (as outlined in the conceptual model - see Figure I) as well as non-patient care. A section outlining options for expanding data collection has also been provided for those departments wishing to capture activities in more detail according to a standardized breakdown of the broad categories of patient care and non-patient care. Individual departments may choose to track components of the system which are of specific use to them or a requirement of their senior management or Provincial Government. Workload recording forms should be developed accordingly with the assistance of the sample forms provided in this manual. **It is suggested, however, that the minimum data capture be that which is outlined in Departmental Workload Summary - Form I (Refer to Section 5.2, Sample Forms).**

As well, the system describes the national reporting of workload and other data through the Annual Return of Hospitals (See Section 3.9) and through voluntary participation in the Quarterly Hospital Information System (Q.H.I.S.). Refer to the Manger's Guide Section 4 for more information on this reporting.

Workload is measured according to units. **ONE UNIT is equal to ONE MINUTE OF CLINICAL TIME SPENT IN THE PROVISION OF PATIENT CARE.**

In order to facilitate workload recording, time blocks are utilized. ONE TIME BLOCK is equal to 10 minutes of patient care provided by clinical personnel.

SPEECH/LANGUAGE PATHOLOGY AND/OR AUDIOLOGY WORKLOAD MEASUREMENT SYSTEM CONCEPTUAL MODEL

FIGURE 1

Module 1			Module 2			
PATIENT CARE ACTIVITIES			NON-PATIENT CARE ACTIVITIES			
Identification	Diagnosis	(Re)Habilitation	Support Services	Service to Hospital/ Community/ Profession	Clinical Teaching	Research

OPTIONS FOR EXPANSION

Detail

PATIENT CARE ACTIVITIES			NON-PATIENT CARE ACTIVITIES			
Identification	Diagnosis	(Re)Habilitation	Support Services	Service to Hospital/ Community/ Profession	Clinical Teaching	Research
-Prevention -Planning and Preparation -Collection of Information -Analysis of Information -Counselling -Reporting of Findings	-Planning and Preparation -Collection of Information -Analysis of Information -Counselling -Reporting of Findings	-Planning and Preparation -Implementation -Selecting and Evaluating Amplification/Augmentative Communication Devices -Verifying Amplification/Augmentative Communication Devices -Counselling -Supervising/ Training -Outcome Analysis -Reporting	-Department Management -Employee Meetings -Caseload Management -Program Planning/ Management -Quality Assurance -Providing Supervision -Receiving Supervision -Department Maintenance -Travel	-Board/Committee Functions -Public Education/ Public Relations -Consultations -Service to Profession	-Speech/Language Pathology and Audiology Student/Interns -Non-Speech Students and Professionals -Academic	-Research Project I -Research Project II -Research Project III
Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9

Patient Specific

PATIENT-SPECIFIC RECORDING OF PATIENT CARE ACTIVITIES

Module 10

2.1 Assumptions

2.1.1 All activities carried out on behalf of a particular patient shall be calculated as patient care activities. This includes both direct and indirect patient care.

2.1.2 The System is not designed to account for 100% of staff time.

2.1.3 Workload Measurement and Quality Assurance are not synonymous. A Quality Assurance Program, however, is heavily dependent on a reliable quantitative measure of workload.

2.1.4 Where earned hours of Speech/Language Pathologists and Audiologists working in decentralized areas are the responsibility of the central Speech/Language Pathology or Audiology Department, the workload measurement data generated from these areas should be consolidated with the main department for reporting purposes.

2.1.5 To improve reliability, hospital administrators should provide department heads with the data for verification prior to sending it to the Provincial and Federal Governments.

2.1.6 While this WMS has been designed as a stand-alone system, it can be integrated with a total hospital management information system.

2.1.7 Some error is introduced when rounding time to the nearest time block. While generally this error is insignificant, potential reporting inaccuracies could result if care is not exercised when recording time.

2.1.8 Travel time, whether on-site or off-site, is considered a non-patient care activity and is defined in this W.M.S. as a sub-component of Support Services (Refer to conceptual model, Module 6 and to Section 3.6, Special Recording Situations).

2.1.9 Hospitals that employ qualified Speech/Language Pathologists and Audiologists and who operate according to the ethics of the Canadian Association of Speech/Language Pathologists and Audiologists may use this W.M.S.

3. INSTRUCTIONS FOR RECORDING AND CALCULATING

3.1 Introduction

The system is designed for the collection and recording of patient care and non-patient care workload. Although the data generated from the system is reported on a national basis to Statistics Canada through the Annual Return of Hospitals, or the QHIS, the daily workload data recorded should be reported within the hospital on a regular basis.

NOTE: The forms included in this document are examples only. They may be adapted and amended to suit the needs of individual departments.

3.2 System Components

3.2.1 Classification of Patient Care Activities

Patient Care includes all (diagnostic/evaluative/therapeutic and supportive) activities provided to or on behalf of specific patients. No differentiation is made between direct and indirect activities; both are included in patient care. The components of patient care for the system are the following:

1. Identification
2. Diagnosis
3. (Re)Habilitation

3.2.2 Utilization Data

1. Active Caseload = New Referrals + Active Carryovers

2. Attendance - days

3.2.3 Classification of Non-Patient Care Activities

1. Support Service
2. Service to Hospital/Community/Profession
3. Clinical Teaching
4. Research

For complete definitions of these components see Glossary section 5.1.

NOTE: The data elements in 3.2.1 and 3.2.2 represent the suggested minimum data capture as represented in Form I, Departmental Workload Summary. Using the sample forms as a guide, recording forms should be constructed to capture this data (refer to Appendix 5.2, Sample Forms).

3.3 Methodology for Measuring and Recording

3.3.1 Time Blocks

For ease of recording, time spent in the provision of patient care is recorded in time blocks. Each time block is equal to ten (10) minutes. For each episode of care, the total number of minutes is rounded to the nearest time block as illustrated below. Any time period less than (5) minutes is not recorded.

Minutes	Time Block
0 - 4	0
5 - 14	1
15 - 24	2
25 - 34	3
35 - 44	4
45 - 54	5
55 - 64	6
etc.	

For reporting, time will be expressed in units, whereby one (1) unit equals one (1) minute. Therefore, time blocks will need to be converted to units. The conversion is obtained by multiplying the total time blocks by ten (10). Enter this conversion under "Total Units".

The vertical addition of "Total Units" yields total time spent on patient care services. The department's total patient care time will be the sum of each Speech/Language Pathologist' and Audiologist's (inpatient and outpatient) "Total Units".

Managers are reminded that a time block is equal to 10 minutes. Total units are the sums of all the units recorded for a given day.

To calculate the units by each component of service, the time blocks are added vertically under each component column. The sums are entered in the appropriate cell along the bottom of the form, i.e., "Total Time Blocks by Service". Time blocks are then converted to units by multiplying the sum of the time blocks by ten (10) and entering the figure in the cell, "Total Units by Service". The department's total patient care time by component of service will be the sum of each Speech/Language Pathologist's and Audiologist's inpatient and outpatient worksheets by component.

Recording of non-patient care time requires the same steps (Refer to Form C in Appendix).

3.3.2 Collection of Data

Patient care time may be recorded on a form similar to Form A.

Form A is designed to collect patient care time on a daily basis in the three (3) components and a total for the reporting period.

The inpatient and outpatient workload should be recorded on separate forms. (Use a separate sheet for outpatient workloads and check the appropriate block on the upper right-hand corner - see example).

The new referrals plus the number of active carryovers seen during each reporting period, will make up the total active caseload.

The reader should note very carefully the definition of a new referral and an active carryover (see Glossary Section 5.1).

Inpatients are counted only once as a new referral during their stay; however, if they are discharged and readmitted during the same reporting period, this will be counted as a new referral on each admission for inpatient services. In the same manner, if a patient changes from inpatient status to outpatient status within the same reporting period, the person is discharged as an inpatient and the "file" is closed. The same person is then recorded as a new referral for outpatients, thus being counted as two (2) new referrals (1 referral as inpatient, and 1 referral as an outpatient). Refer to Form B for sample recording format.

Recording of Individual Episodes of Patient Care - Sample Form A

Patient care may be provided either to or on behalf of inpatients or outpatients. Patient care time provided on behalf of the patient will be allocated to the registered patient.

When dealing with a group of registered patients, the time spent with the group is recorded.

Some departments will choose to keep records of patients' care time on a patient specific basis. On a patient specific basis, when dealing with groups of patients, the Speech/Language Pathologist's and Audiologist's time will be allocated to each patient as a portion equally divided by the number of patients in

SAMPLE FORM A

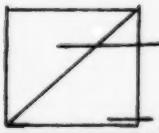
PATIENT CARE WORKLOAD RECORDING FORM

Hospital _____
Speech/Language Pathologist
or Audiologist _____
Reporting Period _____
Inpatient _____
Outpatient _____

	IDENTIFICATION	DIAGNOSIS	(RE)HABILITATION	TOTAL X10 = TOTAL UNITS
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
TOTAL TIME BLOCKS BY ACTIVITY				
X10 = TOTAL UNITS BY ACTIVITY				

SAMPLE FORM B
ACTIVE CASELOAD AND ATTENDANCE DAY RECORD

Inpatient ____Outpatient _____
Speech/Language Pathologist
or Audiologist _____
Reporting Period: From _____ To _____



	Active C.O.'s	New Refs.	1	2	3	4	5		29	30	31	Individual Total Attendance Days	Group Total Attendance Days
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
57													
58													
59													
60													
Total Active Carry-Overs									Total Attendance Days			Total Individual Attendance Days	Total Group Attendance Days
Total New Referrals													

the group. (e.g., One (1) hour of therapy is provided to a group of six (6) patients - each patient will be assigned 10 minutes of patient care or 1 time block).

3.3.3 Who Records

All Speech/Language Pathology and Audiology staff, including Audiometric Technicians, Speech Aids, and Assistants who provide patient care services record their workload according to this W.M.S.

Other personnel, such as Aural Habilitationists, Nurses, Psychologists, Teachers and Social Workers etc., who are included in the Speech/Language Pathology and Audiology Department's functional centre and provide a patient care service as outlined in this document will report on Forms A and B.

Students must record their time spent in patient care services on the responsible Speech/Language Pathologist or Audiologist Supervisor's work sheet.

When more than one member of the staff works with a given patient, both individuals will record the actual time spent. Administrative and/or supervisory staff, whose salaries are included in the functional cost centre. and who perform Speech/Language Pathology and Audiology patient services, will also record this time.

*VOLUNTEER WORKLOAD IS NOT RECORDED.

3.4 Recording Example - Speech/Language Pathology

Note: The recording examples for both Speech/Language Pathology and Audiology represent hypothetical situations. As well the examples do not include the recording of non-patient care time. The recording of this time is identical to that outlined in the examples. Refer to sample forms in appendix.

Example to Illustrate the Recording and Calculation of Workload on Sample Forms A and B

The Speech/Language Pathologist sees new patient, Mr. Robert Smith, for an initial diagnostic session. He is a registered outpatient with the hospital but his wife is not. The clinician also treats five other outpatients (Miss Jones, Mr. Black, Mrs. Roy, Mr. MacDonald, Miss White) in a group session that morning. These five patients were referred and assessed in a previous reporting period. Later that day the clinician sees two patients, each for an individual session (Miss Jones whom she saw in a group earlier, and Mrs. Brown. Neither of them is a new referral). Note that only one attendance-day is counted for Miss Jones who was seen twice on

day 1. As well,attendance- days are only recorded for direct episodes of patient care (i.e. patient present) and not for indirect patient care episodes such as "Reporting of Findings ".

Day One

(Re)Habilitation- Planning and Preparation (Group)	- 2 time blocks
Diagnosis - Collection of Information (Mr. Smith)	- 6 time blocks
Diagnosis - Counselling (Mr. & Mrs. Smith)	- 2 time blocks
(Re)Habilitation - Implementation (Group)	- 9 time blocks
Diagnosis - Analysis of Information (Mr. Smith)	- 2 time blocks
Diagnosis - Reporting of Findings (Mr. Smith)	- 2 time blocks
(Re)Habilitation - Implementation (Miss Jones)	- 5 time blocks
(Re)Habilitation - Implementation (Mrs. Brown)	- 6 time blocks
(Re)Habilitation - Outcome Analysis (Mrs. Brown)	- 1 time block
(Re)Habilitation - Planning and Preparation (Mrs. Brown)	- 1 time block
(Re)Habilitation - Outcome Analysis (Miss Jones)	- 1 time block
(Re)Habilitation - Planning and Preparation (Miss Jones)	- 2 time blocks

Total Patient Care Time for Day One - 39 times blocks - 390 minutes (6.5 hours).

The following day the clinician makes a school visit to observe patient Marie Petit and to consult with her teacher. Later that day she is observed by a Speech/ Language Pathology student with whom she discusses the treatment of her patient Mr. Smith, and patients Mr. Landry and Mr. Nadeau whom she sees together in a group. The clinician had no inpatient contacts during these two days.

Day Two

Diagnosis - Reporting of Findings (Mr. Smith)	- 1 time block
Diagnosis - Planning and Preparation (Marie Petit)	- 1 time block
Diagnosis - Collection of Information (Marie Petit)	- 4 time blocks
Diagnosis - Reporting of Findings (Marie Petit)	- 2 time blocks

Diagnosis - Reporting of Findings
(Marie Petit) - 6 time blocks

(Re)Habilitation - Implementation
(Mr. Smith) - 6 time blocks

(Re)Habilitation - Supervision/Training
(Mrs. Smith) - 3 time blocks

(Re)Habilitation - Implementation
(Mr. Landry, Mr. Nadeau) - 6 time blocks

(Re)Habilitation - Implementation
(Mr. Landry, Mr. Nadeau) - 2 time blocks

Total Patient care Time for Day Two - 31 time blocks - 310 minutes (5.2 hours).

FORM A

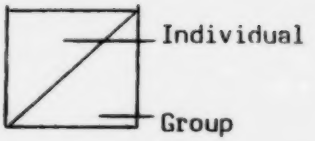
SPEECH/LANGUAGE PATHOLOGY
PATIENT CARE WORKLOAD RECORDING

Hospital _____
Speech/Language Pathologist or Audiologist _____
Reporting Period _____
Inpatient _____
Outpatient _____

WORK WEEK	IDENTIFICATION	DIAGNOSIS	(RE)HABILITATION	TOTAL TIME BLOCKS	X10 = TOTAL UNITS
Day 1		6,2,2,2	2,9,5,6,1,1,1,2	39	390
Day 2		1,1,4,2, 6	6,3,6,2	31	310
Day 3					
Day 4					
Day 5					
TOTAL TIME BLOCKS BY ACTIVITY					
X10 = TOTAL UNITS BY ACT.					

SAMPLE FORM B
ACTIVE CASELOAD AND ATTENDANCE DAY RECORD

Inpatient _____ Outpatient __x__
Speech/Language Pathologist
or Audiologist _____
Reporting Period: From _____ To _____



	Active Carry Overs	New Refs.	1	2	3	4	5		29	30	31	Individual Total Attendance Days	Group Total Attendance Days
1 SMITH, Robert		x	X	X								2	
2 JONES, Sarah	x		X										1
3 BLACK, John	x		X										1
4 ROY, Marie	x		X										1
5 MACDONALD, Bruce	x		X										1
6 WHITE, Ann	x		X										1
7 BROWN, Carol	x		X									1	
8 PETIT, Marie	x			X								1	
9 LANDRY, Daniel	x			X									1
10 NADEAU, Paul	x			X									1
11													
12													
13													
57													
58													
59													
60													
Total Active Carry-Overs	9							Total Attendance Days				Total Individual Attendance Days	Total Group Attendance Days
Total New Referrals		1										4	7
												11	

3.5 Audiology Recording Example

Jones works at General Hospital, 200 beds.

Audiologist Jones arrives at work at 8:30. He checks appointments, reads mail, turns on equipment, etc. until 9 a.m. He does a biologic check of equipment and then sees his first patient at 9 a.m. Mary Webster is 4 and has been referred by her pediatrician, questioning her hearing. Jones spends 5 minutes talking to the mother (1 block IDENTIFICATION) and 15 minutes doing play audiometry and SRT's and 5 minutes doing impedance (2 blocks DIAGNOSIS). Jones then talks to Mrs. Webster about the test, and results. He completes the report after they have left, and gives it to the secretary - 8 minutes. (DIAGNOSIS 1 block).

Jones's next appointment is a hearing aid evaluation at 9:45. He spends 15 minutes (2 blocks - REHAB.) preparing, and sees Mr. Smith, who is late at 10 a.m. He spends one hour selecting an aid (6 blocks REHAB.) and counselling Mr. Smith. He spends 10 minutes (1 block REHAB) reporting the results. He then sees Mr. Bouchard at 11:15 who was seen in the ENT Clinic that morning. He was referred by the industrial nurse for hearing screening failure. Testing takes 30 minutes (3 blocks DIAGNOSIS), and involves pure tone, air, bone, SRT, PB impedance, and stapidial reflexes. Results indicate a significant hearing loss, so Jones spends 10 minutes (1 block DIAGNOSIS) discussing the results with Mr. Bouchard. Bouchard agrees to try a hearing aid, so earmold impressions are taken (10 minutes) (1 block REHAB) and an appointment is made to return for a hearing aid evaluation. Jones writes his report (10 minutes) (1 time block DIAGNOSIS) and goes to lunch at 12:20.

At 1 p.m. Jones sees a referral from a school speech/ language pathologist. Nadia Propiecki is a retarded language delayed 4 year old, who comes to the clinic with her speech/language pathologist and mother. Jones spends 15 minutes (2 blocks IDENTIFICATION) interviewing them and then spends thirty minutes (3 blocks DIAGNOSIS) attempting play audiometry and sound field testing. Results indicate a possible hearing loss, so Jones spends another 10 minutes (1 block DIAGNOSIS) talking to Mrs. Propiecki about a referral to Central Hospital in City X for an ABR. He calls and makes the appointment, and then advises the family about the procedures (10 minutes - 1 block DIAGNOSIS). The family leaves and he then writes a letter to Audiologist Wassik at Central about the referral (7 minutes) (1 block DIAGNOSIS).

Jones takes a ten minute coffee break, and then goes to Hospital teaching rounds until 3 :30 p.m. He then sees Mrs. Paskaramoothy who has been brought over from her nursing home

because she says her hearing aid isn't working. Jones then takes her ear level aids, and electroacoustically evaluates them. (10 minutes) (1 block REHAB). They are working perfectly. He then otoscopically examines Mrs. Paskaramoothy's ears, and finds both canals completely impacted with wax. He discusses the results with her in a loud voice (10 minutes) (1 block REHAB). She returns to the nursing home and he writes a report to the supervising physician of the nursing home (5 minutes) (1 block REHAB). At 4:10 Jones then returns patient Cohen's call from earlier in the afternoon. He discusses the possibility of trying a new aid with him and schedules an appointment (10 minutes) (1 block REHAB). Note that, in this case, the patient is not present and hence an attendance-day is not recorded (refer to Sample Form B). He then spends twenty minutes discussing a case with the speech/language pathologist next door. He has not seen this case, nor is he likely to see her, so time cannot be allocated to a patient care category.

Jones goes home at 4:40 p.m.

SAMPLE FORM A

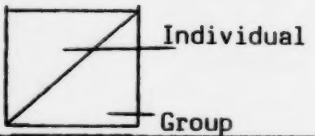
AUDIOLOGY PATIENT CARE WORKLOAD RECORDING

Hospital _____
Speech/Language Pathologist
or Audiologist JONES
Recording Period _____
Inpatient _____
Outpatient x

	IDENTIFICATION	DIAGNOSIS	(RE)HABILITATION	TOTAL X10 = TOTAL UNITS
Day 1	3	14	14	31 x 10 = 310
Day 2				
Day 3				
Day 4				
Day 5				
TOTAL TIME BLOCKS BY ACTIVITY				
X10 = TOTAL UNITS BY ACTIVITY				

SAMPLE FORM B
ACTIVE CASELOAD AND ATTENDANCE-DAY RECORD

Inpatient ____ Outpatient __x__
Speech/Language Pathologist or Audiologist _____JONES_____
Reporting Period: From _____ To _____



	Active C.O.'s	New Refs.	1	2	3	4	5		29	30	31	Individual Total Attendance Days	Group Total Attendance Days
1 WEBSTER, Mary		x	x									1	
2 SMITH, J.	x		x									1	
3 BOUCHARD, J.		x	x									1	
4 PROPIECKI, N.		x	x									1	
5 PASKARAMOOTHY,P.	x		x									1	
6 COHEN	x												
7													
8													
9													
10													
11													
12													
13													
57													
58													
59													
60													
Total Active Carry-Overs	3								Total Attendance Days			Total Individual Attendance Days	Total Group Attendance Days
Total New Referrals		3							5			5	

SAMPLE FORM H

Speech/Language Pathologist or Audiologist JONES
Inpatient _____
Outpatient _____
Date _____

	IDENTIFICATION	DIAGNOSIS	(RE)HABILITATION	
Mary Webster	1	2,1		4 = 40
Mr. Smith			6,1	7 = 70
Mr. Bouchard		3,1	2,1	7 = 70
Nadia Propiecki	2	3,2,1,1		9 = 90
Mrs. Paskaramoothy			1,1,1	3 = 30
Mr. Cohen			1	1 = 10
TOTAL	3	14	14	31 = 310

Jones provided 310 minutes (5.2 hours) of patient care.

3.6 Special Recording Procedures

3.6.1 Recording Procedure - Time

The time blocks for each of the activities are added vertically to obtain total time Blocks, for in- and out- patients, by activity. These time blocks are multiplied by 10 to derive total time.

Each Speech/Language Pathologist's or Audiologist's inpatient and outpatient workload is totalled to derive the department total by activity.

3.6.2 Couple or Family

In the case of patient care provided to a couple or family, only one person will be designated as the patient and the total staff time is recorded.

3.6.3 Recording Treatment Time Involving More than One Staff Simultaneously

Where two personnel are required simultaneously for the treatment of a group of patients, each Speech/ Language Pathologist or Audiologist records the total time spent (in time BLOCKS) with that group.

3.6.4 Recording Procedure - Caseload

The total number of active patients, new referrals and active carry-overs for the reporting period are recorded on the patient count Form 'B'.

3.6.5 Recording of Travel Time

Travel time is broken down into on-site and off-site travel as a sub-component of the non-patient care activity, Support Services. It is recommended that on-site travel be tracked on an ad hoc or sampling basis as required. Off- site travel, since it generally consumes larger amounts of time, might be tracked on an on-going basis by those departments who expend significant amounts of time on this activity.

Where a patient care activity is carried out while travelling with or transporting a patient, travel becomes incidental and the dominant or patient care activity is recorded.

3.6.6 Recording Attendance-Days

Where the provision of patient care to a patient on a given day is INDIRECT only (ie., the patient's presence is not required), NO ATTENDANCE-DAY is recorded for that patient that day.

A maximum of only 1 attendance-day per day is recorded for each patient who receives direct patient care, even though the patient may visit the department more than once on that day.

3.7 Performance Indicators

The data generated from the system, in combination with financial and utilization data (e.g. referrals, hospital admissions) can be used to formulate valuable indicators in the following areas:

- Workload;
- Staffing;
- Productivity;
- Utilization; and
- Financial.

Managers and Supervisors are encouraged to refer to the Managers' Guide (Section 4) for information on how to calculate and apply indicators.

SPEECH/LANGUAGE PATHOLOGY AND/OR AUDIOLOGY WORKLOAD MEASUREMENT SYSTEM CONCEPTUAL MODEL

FIGURE 1

Module 1

PATIENT CARE ACTIVITIES		
Identification	Diagnosis	(Re)Habilitation

Module 2

NON-PATIENT CARE ACTIVITIES			
Support Services	Service to Hospital/ Community/ Profession	Clinical Teaching	Research

OPTIONS FOR EXPANSION

Detail

PATIENT CARE ACTIVITIES		
Identification	Diagnosis	(Re)Habilitation
-Prevention -Planning and Preparation -Collection of Information -Analysis of Information -Counselling -Reporting of Findings	-Planning and Preparation -Collection of Information -Analysis of Information -Counselling -Reporting of Findings	-Planning and Preparation -Implementation -Selecting and Evaluating Amplification/Augmentative Communication Devices -Verifying Amplification/Augmentative Communication Devices -Counselling -Supervising/ Training -Outcome Analysis -Reporting

NON-PATIENT CARE ACTIVITIES			
Support Services	Service to Hospital/ Community/ Profession	Clinical Teaching	Research
-Department Management -Employee Meetings -Caseload Management -Program Planning/ Management -Quality Assurance -Providing Supervision -Receiving Supervision -Department Maintenance -Travel	-Board/Committee Functions -Public Education/ Public Relations -Consultations -Service to Profession	-Speech/Language Pathology and Audiology Student/Interns -Non-Speech Students and Professionals -Academic	-Research Project I -Research Project II -Research Project III

Module 3 | Module 4 | Module 5 | Module 6 | Module 7 | Module 8 | Module 9

Patient Specific

PATIENT-SPECIFIC RECORDING OF PATIENT CARE ACTIVITIES

Module 10

3.8 Options for Expansion

The following section presents several examples which illustrate possible expansions of the system.

The system may be expanded by adding one or more modules as illustrated in the conceptual model.

Recording forms should reflect the options chosen for expansion.

3.8.1 Examples - Options for Expansion

OPTION 1

Modules 2, 3, 4 and 5 - Patient Care Activities in more detail. Many Speech/Language Pathology and Audiology Departments, particularly those with computer access, will wish to record patient care activities on a more detailed and/or patient specific basis. See Forms D and E in Appendix.

OPTION 2

Modules 1, 6, 7, 8, 9 - Aggregate patient care recording plus Non-Patient Care Activities in detail. See Form F in appendix.

OPTION 3

Modules 3 to 9 - All information in detail.

Only a few options have been illustrated as examples to demonstrate how modules of the system can be aggregated to derive a variety of combinations of workload data.

Complete definitions of all patient care and non-patient care activities may be found in Appendix 5.1.

3.9 National Reporting - Annual Return of Health Facilities Part 1

Given that this is the first W.M.S. nationally implemented for Speech/Language Pathology and Audiology and that it significantly expands on the presently reported information in the Annual Return of Health Facilities (A.R.), considerable change is required in order to capture this information. In total, there are over 20 new and substantially revised W.M.S. impacting on the A.R. Therefore, until all of this change has

been assessed and reconciled, there will not be a national reporting form nor national reporting of data generated by the Speech/Language Pathology and Audiology W.M.S. Implementation of the system is encouraged for internal management purposes and for specific reporting requirements of the provincial government (refer to section 4.2 for more detail on the A.R.).

Note: Sample Form I, Departmental Workload Summary is a good representative example of workload reporting for both internal and external purposes.

4. Manager's Guide

The following section outlines how the data may be reported and utilized by Managers, Hospitals, Provincial and Federal governments. This section was written to meet the needs of managers; however, it is strongly recommended that all Speech/Language Pathologists and Audiologists become familiar with its contents in order to understand the process and the need for accuracy in the collection of data.

4.1 Introduction

The Speech/Language Pathology and Audiology manager is responsible for overseeing the accurate collection of workload data and the reporting of this data to the administration of the institution. The administration is responsible for reporting workload and other data to the provincial and federal governments.

The data generated from the workload measurement system can be used to calculate indicators which can assist the manager by providing some of the tools necessary for control, planning, evaluation and budgeting.

In addition to the data generated from the workload measurement system, the calculation of indicators requires the collection of other key financial and utilization data; for example, new referrals, active carryovers, worked and earned hours, and hospital inpatient admissions.

While some of this additional data can be obtained from the finance department of the institution, some of it must be tracked by the Speech/Language Pathology or Audiology Department.

The Speech/Language Pathology or Audiology Department will also be required to collect other data such as:

a) The total number of active inpatients and outpatients treated during each reporting period;

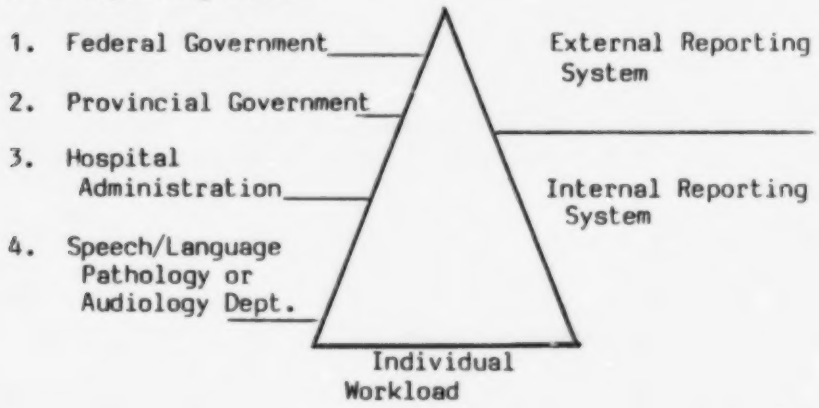
b) The total number of inpatient and outpatient new referrals and active carryovers.

NEW REFERRALS + ACTIVE CARRYOVERS = TOTAL ACTIVE PATIENTS

c) The total number of inpatient and outpatient attendance-days.

4.2 Reporting Workload Data

The diagram below indicates the direction of flow of workload data from the internal reporting system to the external reporting system. A few gross totals are required at the federal level, but more data is required successively by the provincial government, the hospital administration and the Speech/Language Pathology or Audiology director. The figure is triangular in shape to represent the quantity of information required at each reporting level.



Some of the data generated by the WMS is reported on an annual basis both federally and provincially by all hospitals in accordance with the Statistics Act (section 21). A copy of the reports in which Speech/Language Pathology or Audiology data are recorded can be found in the Statistics Canada Annual Return of Health Care Facilities - Hospitals - Part One 1976 edition, page 31.

As well as the annual return, all provinces require hospitals to report workload data on a regular (usually monthly) basis. The data collected in each province varies, but it is important for department heads to know how the statistics are reported in their province. Some provinces publish indicators and circulate them to the hospitals. The information can be obtained from the administrator of your hospital.

There is also a voluntary Quarterly Hospital Information System (QHIS) that was developed by Statistics Canada in association with the Canadian Hospital Association to provide participating hospitals with a quarterly report, the Hospital Profile and Administrator's Synopsis of performance indicators. These reports enable hospital trustees, administrators and department heads to compare their hospital's performance with those hospitals in their province and Canada which are similar in bed size hospitals presently participate in Q.H.I.S.

The Q.H.I.S/O.H.A. consolidation reports give comparative operating information usually available within 3 months of the reporting period, whereas the annual returns information is not usually available until 9 months to 1 year after the reporting period.

Management is responsible for developing a reporting system which meets the informational needs of the institution and the department.

There are wide variations in:

- amount of responsibility delegated to Speech/Language Pathology or Audiology directors;
- the availability and accessibility of detailed fiscal, payroll and other data to directors;
- the availability and level of sophistication of automated data processing to which departments have access;
- institutional reporting systems and their style of reporting.

In addition, a manager's reporting requirements and capabilities will vary considerably, e.g., departments with no automation and limited clerical support available to them will find that production of aggregate and non-detailed workload measurement data plus a few of the indicators will be adequate for their needs. Large and functionally complex departments might need to consider an automated data collection and collation system so that the workload data may be broken down into finer detail and component functional areas (or by cost centre).

4.3 Data Elements

There are a number of very useful data elements available within the hospital, which, in combination with the data generated by this WMS, provide practical managerial information. The following is a summary of these data elements and the departments from which they can be obtained. An illustration of the use of this information in constructing and calculating indicators is outlined in section 4.4.

4.3.1 Financial Data* - Source: Accounting & Payroll

A. HOURS

Management & Operational Support Personnel:

Worked Hours
Benefit Hours
Purchased Hours

Unit-Producing Personnel:

Worked Hours
Benefit Hours
Purchased Hours

B. COMPENSATION EXPENSE

Management & Operational Support Personnel:

Gross Salaries Expense
Benefit Contribution Expense
Purchased Compensation Expense

C. SUPPLIES EXPENSE

D. SUNDRY EXPENSE

E. EQUIPMENT EXPENSE

4.3.2 Workload Data - Source: Departmental W.M.S.

PATIENT CARE UNITS, by inpatient, outpatient, total

- Identification
- Diagnosis
- (Re)Habilitation

4.3.3 Utilization Data - Source: Admitting and W.M.S.

NEW REFERRALS - inpatient, outpatient, total
ACTIVE CARRYOVERS - inpatient, outpatient, total
ACTIVE PATIENTS - inpatient, outpatient, total

INPATIENT
ADMISSIONS TO
HOSPITAL

* A more comprehensive list of indicators may be found in the Guidelines for Management Information Systems in Canadian Health Care Facilities.

4.4 Speech/Language Pathology and Audiology Indicators

Key Speech/Language Pathology and Audiology indicators, with the method of calculation and definitions, are included in this section under the headings of Staffing, Productivity, Utilization, Workload and Financial.

4.4.1 Example

For illustration purposes, the hypothetical departmental data for a reporting period of one month has been used in conjunction with the indicators as an example to demonstrate how the indicators are calculated.

The following data is an example of a hypothetical Speech/Language Pathology and Audiology department situated in an acute- care hospital with 730 beds. There are three (3) full-time Speech/Language Pathologists or Audiologists one of whom works half-time as the manager of the department. In addition, there is one full-time secretary.

EXAMPLE

Financial Data:

A. HOURS

Management & Operational Support Personnel:

Worked Hours:	70.00	Speech/Language Pathologist
	140.00	(Clerical Support)
Benefit Hours:	12.81	Speech/Language Pathologist
	22.93	(Clerical Support)
Purchased Hours:	0.00	
	245.74	Management & Operational Support Personnel - Earned Hours

Unit Producing Personnel:

Worked Hours:	350.00	Speech/Language Pathologist
Benefit Hours	58.67	Speech/Language Pathologist
Purchased Hours	0.00	
	408.67	Unit-Producing Personnel Earned Hours

245.74 + 408.67 = 654.41 Non-Medical Earned Hours

B. DIRECT OPERATING EXPENSES

Compensation Expense

Management and Operational Support Personnel:

Gross Salaries Expense	$2665.17	
Benefit Contribution Expense	563.93	
Purchased Compensation Expense	0	
	$3229.11	Management and Operational Support Personnel Compensation Expense

Unit Producing Personnel:

Gross Salaries Expense	$6557.95	
Benefit Contribution Expense	1326.47	
Purchased Compensation Expense	0	
	$7884.42	Unit-Producing Compensation Expenses
	$3,229.11	
	7,884.42	
	$11,113.53	Total Compensation Expense
Medical Supplies and Equipment	$240.00	

DIRECT OPERATING EXPENSES = $11,113.53 + $240.00 = $11,353.53

WORKLOAD DATA

Patient Care Units:

	Inpatient	Outpatient	Total
Identification	45	27	72
Diagnosis	720	2160	2880
(Re)Habilitation	5724	9324	15048
TOTAL	6489	11511	18000

UTILIZATION DATA

New Referrals	12 inpatients 18 outpatients 30 total
Active Carryovers	8 inpatients 37 outpatients 45 total
Attendance-Days	213 inpatient 186 outpatient 399 total
Inpatients Admissions to Hospital	1189

4.2 Indicators

NOTE: Indicators and terms relating to indicators were developed on a collaborative basis between the Sub-Committee on Productivity Improvement - Expert Working Groups and the MIS project staff. They are either identical or similar to those used in the M.I.S. Guidelines.

Staffing Indicators

NO.	INDICATOR	CALCULATION	EXAMPLE	DEFINITION
	F.T.E. Per Occupation Class	Specified Occupation Class Personnel Paid Hours In Period / Normal Paid Hours in Period Per Specified Occupation Class F.T.E.	Speech/Language Pathology - Management: 82.81 / 140.00 = .5 F.T.E. Speech/Language Pathology - - Unit Producing: 408.67 / 162.93 = 2.5 F.T.E. Clerical Support: 162.93 / 162.93 = 1.0 F.T.E	The total number of full-time equivalents per specified occupation class of the service.
	Unit-Producing F.T.E.	The sum of all unit-producing occupation class full-time equivalents in period.	2.5 F.T.E.	The total number of unit-producing personnel full-time equivalents.

Patient Care Productivity Indicators

NO.	INDICATOR	CALCULATION	EXAMPLE	DEFINITION
	Unit-Producing Personnel Productivity Index	Patient Care Units in Period X100 / Unit-Producing Personnel Worked Hours + Unit-Producing Personnel Purchased Hours in Period X 60	18,000 x 100 / 350 x 60 = 85%	The percentage of all unit producing personnel worked and purchased hours spent in the provision of patient care.
	Active Patients Per Unit-Producing F.T.E.	Total New Referrals + Total Active Carryovers in Period / Unit-Producing Personnel F.T.E. in Period	75 / 2.5 = 30 patients	The average number of active patients treated by each unit-producing personnel full-time equivalent.
	Units Per Unit-Producing F.T.E.	Patient Care Units In Period / Unit-Producing Personnel F.T.E. In Period	18,000 / 2.5 = 7200 units	The average number of patient care units generated by each unit-producing personnel full-time equivalent.

Utilization Indicators

NO.	INDICATOR	CALCULATION	EXAMPLE	DEFINITION
	Inpatient New Referral Rate	$\frac{\text{Inpatient New Referrals to Service in Period} \times 100}{\text{Total Facility Inpatient Admissions in Period}}$	$\frac{12 \times 100}{1189} = 1.0\%$	The percentage of total hospital inpatients referred to the service.
	Active Inpatient Ratio	$\frac{\text{Active Inpatients in Period}}{\text{Active Inpatients + Active Outpatients in Period}}$	$\frac{20}{75} = 26\%$	The proportion of all active patients who are inpatients.
	Units Per Active Inpatient	$\frac{\text{Inpatient Units in Period}}{\text{Active inpatients in Period}}$	$\frac{6489}{20} = 324.4$ units	The average length of unit-producing personnel time (in minutes) devoted to each active inpatient.
	Units Per Active Outpatient	$\frac{\text{Outpatient Units In Period}}{\text{Active Outpatients in Period}}$	$\frac{11511}{55} = 209.29$	The average length of unit-producing personnel time (in minutes) devoted to each active outpatient.

Workload Indicators

NO.	INDICATOR	CALCULATION	EXAMPLE	DEFINITION
	Units of Service per Inpatient Atendance Day	Inpatient Workload Units in Period / Inpatient Attendance-Days in Period	6489 / 213 = 31	The average length of unit - producing personel time (in minutes) devoted to one inpatient attendance - day ie., an indicator of complexity.
	Units of Service per Outpatient Attendance-Day	Outpatient Workload Units in Period / Outpatient Attendance Days in Period	11511 / 186 = 62	The average length of unit-producing personnel time (in minutes) devoted to one outpatient attendance-day ie., an indicator of complexity.
	% Distribution of Units, By Patient Care Activity	Units by Specified Patient Care Activity in Period x 100 / Patient Care Units in Period	Identification: 72 / 18000 x 100 = .4% Diagnosis: 2880 x 100 / 18000 = 16% Rehabilitation: 15048 x 100 / 18000 = 83.6%	The percentage of total unit-producing personnel patient care time spent in a specified patient care activity (as defined in this W.M.S.).

Financial

NO.	INDICATOR	CALCULATION	EXAMPLE	DEFINITION
	Direct Cost Per Unit	Direct Operating Expenses in Period / Patient Care Units in Period	$11353.53 / 18000 = $.63	The average cost per patient care unit of the direct operating expenses of the service.

5. APPENDICES

5.1 Glossary of Terms - Speech/Language Pathology and Audiology

5.1.1 Terms Relating to Indicators

Active Carryover:

An inpatient or outpatient who was registered with the service prior to the current reporting period, whose file remains open at the beginning of the current period, and who has received patient care services during the period. This file may or may not be closed during the period. It is assumed that the file of a patient with a planned follow-up will remain open.

A patient transferred between teams/sections within one reporting period does not count as a carryover.

Active Patient:

A patient who is either a New Referral or an Active Carryover during the period. The total number of active patients during a given period is equal to the sum of New Referrals plus Active Carryovers.

Attendance-Day:

A day on which a speech/language pathology and/or audiology direct service (i.e. patient present) has been provided to a patient. If the nature of the service provided to a specific patient is only indirect on a given day (i.e. patient not present), then no attendance day is recorded for that patient that day.

Benefit Contribution Expense:

The facility's contribution to the cost of the various fringe benefits provided to its employees, such as provincial health insurance plan, unemployment insurance, Canada Pension Plan premiums, etc. These include the fair market value of pre-requisites such as room and board, after deducting any charge which may be recovered from the employee by the facility.

Benefit Hours:

These hours currently charged to the functional centre for which employees (1) accumulate credit for Benefit Hours Earned, to be applied to a future absence, i.e., Vacation or Statutory Holiday Leave; or (2) are currently on leave from the regular activity of their employment for which no accumulated credit is available, i.e., Sick Leave, Education Leave, Compassionate Leave, Workman's Compensation Board,etc., for which they have received or will receive salaries from the

facility. Benefit Hours are a component of Earned Hours. WORKED HOURS plus BENEFIT HOURS plus PURCHASED HOURS = EARNED HOURS.

Clinic

An organized gathering at which patients are either observed/ examined/or discussed in absentia.

Direct Operating Expense (Functional Centre):

The operating expenses charged directly by the basic health care facility accounting system to a Functional Centre. Operating expenses include natures of expenses such as Compensation, Supplies, Sundry, Equipment, Referred-Out Service , and Patient Specific Supplies Expenses.

Earned Hours

All hours for which employees of the facility and purchased service personnel have received or will receive salaries. EARNED HOURS are the sum of WORKED HOURS plus BENEFIT HOURS plus PURCHASED HOURS. (See Worked Hours; Purchased Hours; Benefit Hours).

Equipment Expense:

The operating expense incurred to provide an item of major equipment. Includes maintenance expense (internal and/or external contract); rental or operating lease expense, depreciation expense; and interest expense where the asset was financed by the assumption of a liability for that specific purpose. Excludes any initial capital expenditure made to acquire the asset.

Full Operating Expense (Functional Centre):

The sum of Direct Operating Expense, plus Indirect Operating expense.

Full-Time Equivalent (F.T.E.):

The total earned hours of the service, expressed in terms of equivalent full-time positions, according to the facility's normal hour per full-time position. (See: Normal Hours).

Functional Centre:

A subdivision of an organization used in a functional accounting system to record the budget and actual direct expenses; statistics; and/or revenues, if any, which pertain to the function or activity being carried out.

Gross Salaries Expense:

The salary dollars paid to the health care facility's employees for Worked and Benefit Hours. (See: Worked hours; Benefit Hours).

Indirect Operating Expense:

The indirect expenses of operating a functional centre of a health care facility which are allocated to the functional centre by the facility's cost accounting system. These expenses represent direct and indirect operating expenses of other functional centres which have been allocated to the specific functional centre according to the appropriate allocation bases.

In-house Units of Service:

Units of Service which are produced by the health care facility personnel. Includes referred-in units of service. (1 unit = 1 minute).

Inpatient:

A person who has been admitted to a health care facility for medical and facility services and who has been assigned an inpatient bed or bassinet.

Management & Operational Support Personnel:

Those personnel whose primary function is the management or support of the operation of a service (e.g. director, supervisor, secretary, etc.), although they may at times engage in patient care (unit-producing) activities which are credited with units of service. Includes purchased consultant services and excludes physicians, residents, clinical clerks, interns and students.

Management & Operational Support/Unit-Producing Personnel Compensation Expense:

The sum of:
Gross Salaries Expense, plus
Benefit Contribution Expense, plus
Purchased Compensation Expense

for the Management & Operational Support/Unit-Producing Personnel.

Medical Compensation Expense:

The sum of:
Gross Salaries Expense, plus
Benefit Contribution Expense for the facility-employed physicians, plus
Fees for Service Expense

New Referral:

An inpatient or outpatient whose registration with the service has been initiated during the current reporting period, and who has received patient care services during the current reporting period. This includes registrations which have been reopened during the current reporting period after having been previously closed.

For inpatients, only one referral should be counted per inpatient stay even though the patient may temporarily discontinue treatment and subsequently resume treatment while still an inpatient, or be transferred to the care of another service provider within the same service, or be ordered a change in the treatment modality during his/her stay.

New Referrals should be collected according to designated bed types (i.e., Types I-V*). If a patient moves from one type or to another within the facility, the former file is closed and a new referral for the latter is counted. For outpatients, only one new referral may be counted for the time interval during which the file remains open.

If a patient changes from inpatient status to outpatient status, the inpatient file in the service is closed and the patient becomes a new outpatient referral.

*Report of the Working Party on Patient Care Classification to the Advisory Committee on Hospital Insurance and Diagnostic Services. November 1973, Dept. of National Health & Welfare, Ottawa, Canada.

Non-Medical:

Refers to all Management and Operational Support and Unit-Producing personnel, both facility employed and purchased. Excludes medical staff.

Normal Hours:

The hours for which a full-time employee will be paid during a defined period of time. Normal hours may be specific to occupational groups or collective bargaining groups, and may be expressed in relation to an annual period, such as 1950 hours per annum; or other time periods, such as 37.5 hours per week. Normal Hours do not include overtime, call back, or standby hours.

Outpatient:

Is a patient who attends one or more services in a health care facility without being admitted as an inpatient. If an outpatient, while receiving services, is admitted to an inpatient bed, then this patient is subsequently identified as an inpatient.

Patient Care Activities

Those diagnostic/evaluation/therapeutic and supportive activities which are provided to or on behalf of a specific patient(s).

Qualified:

A graduate of a terminal program in Speech/Language Pathology or Audiology who meets the entrance requirements of the Canadian Association of Speech/Language Pathologists and Audiologists.

Referred-Out Units of Service:

The units of service produced by outside agency/facility personnel on behalf of the health care facility, for which the requesting facility pays a fee to the providing agency/ facility.

Sundry Expense:

An operating expense which is not a compensation expense, a supplies expense, an equipment expense, a referred-out service expense, or a patient specific supplies expense. Sundry expenses include such items as advertising, insurance, membership, all travel, etc.

Supplies Expense:

The expense of all consumable materials used in a service/ health care facility, for the operation of the service/ health care facility and in the care of patients. (Includes M.S.S., Drugs, Film, Stationary, Food, Wearing Apparel, Maintenance Supplies, etc.).

Service Provider:

The individual person who actually provides patient care services to a particular patient.

Team/Section:

A group of personnel who are employed by the Service and who are dedicated to the care of a group of patients with similar diseases/disabilities or with similar care requirements.

Time Block:

Ten minutes of allocated care provided to a patient.

Total Compensation Expense:

The sum of Management and Operational Support personnel Compensation Expense plus Unit-Producing personnel Compensation Expense plus Medical Compensation Expense.

Total Units of Service:

The sum of Inhouse Units of Service plus Referred-Out Units of service.

Unit of Service

One unit of service is equivalent to one minute of personnel time spent in the provision of patient care.

Unit-Producing Personnel:

Those personnel (excluding physicians, residents, clinical clerks, interns and students) whose primary function is to provide patient care and whose work is credited with Units of Service according to the appropriate Workload Measurement System, although they may at times engage in activities which are not unit-producing (e.g., professional development, transportation, management duties). The staffing requirements for unit-producing personnel may vary significantly and directly with workload.

Worked Hours:

Worked Hours are those hours for which facility employees were engaged in activities of their employment. Worked Hours include coffee break time, overtime hours, callback hours,and worked statutory holiday hours, but exclude lunch break time and standby or on call hours. Worked hours are a component of Earned hours. WORKED HOURS plus BENEFIT HOURS plus PURCHASED HOURS = EARNED HOURS.

Workload

The aggregate of Units of Service produced by any one service.

Workload Measurement System

A tool for measuring the volume of activity provided by a specific service in terms of a standardized unit of productive personnel time.

5.1.2 Definitions of Patient Care Activities

5.1.2.1 Patient Care Activities - Speech/Language Pathology

Patient Care Activities

These are defined as all services/activities provided to or on behalf of a registered hospital patient.

1. Identification (Prevention/Screening)

All activities involved in a brief examination to identify individuals suspected of or at risk of having communication disorders for the purpose of determining the need and/or urgency for assessment and/or other intervention. This may include pure tone audiometric testing when performed by a Speech/Language Pathologist.

Note: All audiometric testing other than that performed for screening purposes must be conducted by, or under the supervision of a qualified audiologist.

Identification/Screening/Prevention may include:

Speech and Language

1.1 Prevention

All activities whose purpose is to preclude the occurrence of communication disorders in a specific individual or group of individuals.

1.2 Planning and Preparation

- chart review
- selecting test material
- preparation of instruments

1.3 Collection of Information

- obtaining case history
- administering group and/or individual standardized or non-standardized screening tests in a structured or non-structured situation
- observing communication and all other aspects of behaviour
- interviewing significant others.

1.4 Analysis of Information

- scoring test results
- interpreting observations
- analyzing test results and observations
- interpreting findings
- determining recommendations

1.5 Counselling

Interaction with the patient, family, and/or significant others for the purpose of providing information, modifying behaviour and attitude, and exchanging views on problems and their possible solutions.

1.6 Reporting of Findings/Case Conference/Consultations

Reporting of Findings:

All Activities included in the verbal and written reporting of identification results and findings.

Case Conference:

Formal interdisciplinary meetings to exchange information and opinion for the purpose of determining the need and/or urgency for assessment and/or other intervention.

Consultation:

Discussion, other than in formal conference, with other professionals for the purpose of determining the need and/or urgency for assessment and/or other intervention.

2. **Diagnosis/Assessment/Evaluation**

All activities whose purpose is to determine the nature of the disorder, its functional significance and psychosocial implications, the suitability of intervention, and the basis for the approach to intervention. Included may be:

2.1 Planning and Preparation

- chart review
- selecting test material
- preparing instruments.

2.2 Collection of Information

- obtaining case history
- administering standardized and non-standardized tests and procedures
- observing communication and all other aspects of behavior
- interviewing significant others

2.3 Analysis of Information

- scoring test results
- interpreting observations
- analyzing test results and observations
- interpreting findings
- establishing diagnosis and prognosis
- determining suitability for intervention
- selecting the approach to intervention if recommended

2.4 Counselling

Interaction with the patient, family and/or significant others for the purpose of providing information, modifying behaviour and attitude, and exchanging views on problems and their possible solutions.

2.5 Reporting of Findings/Case Conference/Consultations

Reporting of Findings:

All activities included in the verbal and written reporting of Diagnosis/Assessment/Evaluation results and findings.

Case Conferences:

Formal interdisciplinary meetings to exchange information and opinion for the purpose of determining the nature and extent of the problem and the orientation of future therapeutic intervention.

Consultations:

Discussion, other than in formal conference, with other professionals for the purpose of determining the nature and extent of the disorder and the orientation of future therapeutic intervention.

3. (Re)Habilitation

All activities with a patient/significant others whose purpose is to alleviate or remediate/(re)habilitate the speech and language disorder identified during assessment, to prevent its progression or to reduce its negative impact on the quality of life. Included may be:

3.1 Planning and Preparation

Refers to the daily and long-term planning for the treatment of a specific patient or group of specific patients to include:

- chart review
- determining objectives and identifying activities and resources
- selecting therapy material
- preparing instruments
- developing home programs

3.2 Implementation

The provision of specific therapeutic techniques and procedures to a patient or group of patients.

3.3 Selection and Evaluation of Augmentative Communication Devices

3.4 Verification of Augmentative Communication Devices

This refers to the checking of equipment a patient is using to assure it is operational.

3.5 Counselling

Interaction with the patient ... (use same definition as under diagnosis).

3.6 Supervising/Training

All activities pertaining to training, coaching, and supervising any person(s) including parents and significant others who assist in the therapeutic intervention for a specific patient or a group of specific patients.

3.7 Outcome Analysis

All activities included in periodically analyzing the patient's progress, the extent to which treatment objectives were met, and the need to continue,

3.8 Reporting of Findings/Case Conference/Consultations

Reporting of Findings:

All activities included in the verbal and written reporting of (Re)Habilitation results and findings.

Case Conferences:

Formal interdisciplinary meetings to exchange information and opinion for the purpose of determining the nature and extent of the problem, the patient's response to treatment and the orientation of future therapeutic action.

Consultations:

Discussion, other than in formal conference, with other professionals for the purpose of determining the nature and extent of the disorder, the patient's response to treatment and the orientation of future therapeutic action.

PATIENT CARE ACTIVITIES - AUDIOLOGY

5.1.2.2

1. Identification (Prevention/Screening)

All activities involved in the prevention of hearing loss or a brief examination to identify individuals suspected or at risk of having a hearing loss for the purpose of determining the need and/or urgency for assessment and/or other intervention.

Identification may include:

1.1 Prevention

1.2 Planning and Preparation

- . chart/record review
- . selection of population to be screened
- . selecting test material
- . preparation of instruments

1.3 Collection of Information

- . obtaining pertinent information
- . administering group and/or individual standardized or non-standardized screening tests in a structured or non-structured situation
- . observing communication and all other aspects of behaviour

1.4 Analysis of Information

- . scoring test results
- . interpreting observations
- . analyzing test results and observations
- . interpreting findings
- . making recommendations

1.5 Counselling

Interaction with the patient, family, and/or significant others for the purpose of providing information, modifying behaviour and attitude, and exchanging views on problems and their possible solutions.

1.6 Reporting of Findings

All activities included in the consultation, conferencing, verbal and written reporting of identification results and findings.

2. Diagnosis (Assessment/Evaluation)

All activities whose purpose is to determine the degree of any hearing loss and/or nature of the disorder, its functional significance and audiological, medical and psychosocial implications, the need for and type of intervention. Included may be:

2.1 Planning and Preparation

- chart review
- selecting test material
- preparing instruments and patient

2.2 Collection of Information

- obtaining case history
- administering standardized and non-standardized tests and procedures
- observing communication and all other aspects of behavior
- interviewing significant others

2.3 Analysis of Information

- analyzing test results and observations
- interpretation
- establishing diagnosis
- determining suitability and approach for intervention if recommended

2.4 Counselling

2.5 Reporting of Findings

All activities included in the consultation, conferencing and verbal and written reporting of assessment results and findings.

3. (Re)Habilitation (See Speech/Language Pathology Section 3 where appropriate)

All activities whose purpose is to (re)habilitate the auditory disorder identified during diagnosis and to reduce its negative impact on the quality of life. Included may be:

3.1 Planning and Preparation

Refers to the daily and long-term planning for the management of a specific patient or group or specific patients to include:

- . chart review
- . determining objectives and identifying activities and resources
- . preparing instruments
- . developing home programs and/or parent guidance

3.2 Implementation

The provision of specific counselling and therapeutic techniques and procedures to a patient or group of patients, as involved in rehabilitation.

3.3 Selecting and evaluating amplification devices, e.g. hearing aid and FM equipment, etc.

3.4 Verifying Amplification Devices

3.5 Specific Counselling and Therapeutic Techniques to ensure satisfactory usage of amplification devices.

3.6 Supervising/Training

All activities pertaining to training, coaching, and supervising any person(s) who assist in the therapeutic intervention for a specific patient or a group of specific patients (may include family member).

3.7 Outcome Analysis

All activities included in periodically analyzing the patient's progress, the extent to which treatment objectives were met, and the need to continue, adjust, or terminate treatment.

3.8 Reports

All activities included in the consultation, conferencing and verbal and written reporting of treatment progress and outcomes.

5.1.3 Definitions of Non-Patient Care Activities For Speech/ Language Pathology and/or Audiology

A. Support Services

This group of activities refers to activities required for the operation/maintenance of the Speech/Language Pathology and Audiology Department and for the benefit of the department staff. Included may be:

1. Departmental Management

   - Hiring, organizing, orienting, assigning, supervising and evaluating personnel;
   - Budget preparation and monitoring;
   - Recording and calculation of workload and other statistical data;
   - Compiling data for reporting and management purposes;
   - Writing of reports not related to specific or current patients;
   - Developing and implementing departmental policies and procedures, implementing institutional policies and procedures;
   - Accreditation related activities ie: preparing for an actual accreditation survey rather than routine quality assurance

2. Employee Meetings

   - Formal and informal meetings of department staff for the purpose of disseminating and receiving information pertaining to the operation of the department and the institution.

3. Caseload Management

   - Assignment of caseloads
   - Preparing schedules for patient treatments
   - Administration of referrals.

4. Program Planning, Management and Evaluation

   - Administrative activities related to the researching, planning, designing, ongoing management, and evaluation of specific department programs, whether patient, department, or staff oriented.

5. Quality Assurance

Those phases of departmental management that serve to assure and document normative standards of Speech/ Language Pathology and Audiology services.

- The development, implementation, evaluation and documentation of departmental policy and procedures for the purpose of assuring standardized and quality treatment. This policy includes, but is not limited to, those procedures governing standards of Speech/Language Pathology and Audiology practice, health and safety, and ethical behaviour.

- Those activities that are necessary to routinely document the meeting of the standards of a recognized accrediting body, or other accreditation procedures, whether voluntary or mandated.

- The evaluation of documentation, based on criteria developed within the facility or the professions.

- The ongoing formalized evaluation and documentation of the quality of care given.

6. Providing Supervision/Consultation

This involves the provision of supervision to department of Speech/Language Pathology and Audiology staff, in order to assist them in providing services to client groupings or to programs. This would include such functions as advising a staff member on the management of a difficult patient.

Any preparatory work required in getting ready for a supervisory session (i.e., listening to tapes, reading files, etc.) should be attached to the actual supervision time.

7. Receiving Supervision/Consultation

This activity relates to the situations where one is the recipient of supervision regardless of from whom it is sought or by whom it is provided.

8. Departmental Maintenance

- Includes such activities as maintaining a safe, tidy environment and activities related to maintenance of equipment and inventory control.

9. Travel

i) On-Site
ii) Off-Site.

B. Service to Hospital and Community

These activities refer to services rendered during paid hours for the immediate benefit of the hospital or community. While it is assumed that patients and families may at some point benefit, the distinction between this category and patient care services is that here the hospital or community is the most immediate recipient of the services.

1. Board/Committee Functions

All activities related to the functioning of and participation on hospital or community boards or committees. Included are attendance at meetings as well as preparation or tasks done outside of the meeting, such as gathering information, reviewing minutes, writing reports, etc.

2. Public Education/Public Relations

. All those activities involved in the preparation and presentation of information to community agencies and organizations, other hospital personnel/departments and the public.

3. Consultations

Time spent with other hospital personnel or with professionals outside the hospital on issues using Speech/Language Pathology and/or Audiology expertise.

4. Service to the Profession

Time spent during normal working hours on various professional boards and committees related to the profession of Speech/Language Pathology or Audiology.

C. Clinical Teaching

The dissemination of knowledge pertaining to Speech/Language Pathology and Audiology by means of lecture, demonstration, observation, or direct participation.

1. Speech/Language Pathology or Audiology Students/Interns

   The preparation for, orientation, instruction, and/or supervision of speech/language pathology students/interns either prior to or during their clinical placements. Excluded is the time spent in provision of treatment given in the course of teaching which is recorded as patient care time.

2. Other Students and Professionals

   The preparation for, orientation and instruction of other students and other hospital personnel regarding Speech/Language Pathology and/or Audiology treatment principles and theories and interprofessional working relationships.

3. Academic

   All those activities involved in the preparation and formal presentations of material for instruction of students and interns as part of their educational curriculum.

NOTE: The time spent in receiving ongoing professional development is considered to be "benefit hours" (See glossary Hours - benefit) rather than Worked Hours. Therefore this time is not recorded as part of the workload measurement system, but should be recorded by the payroll system.

D. Research

Formally designed and approved clinical or scientific investigations directed toward advancing knowledge in the field of Speech/Language Pathology and/or Audiology using recognized methodologies and procedures. All the activities involved in reviewing previous research, writing proposals, compiling and analyzing data and report writing are included, as are meetings and budget management. Excluded is the provision of clinical services which are a part of, or form, the research project.

Categories under this heading may be expanded to correspond to the number of active projects in the department.

5.2 Sample Forms

The forms provided in this manual are intended to serve as a guide for the devlelopment of department-specific forms which should reflect data collection options.

FORM C

Speech/Language Pathologist or Audiologist _____

Recording Period: From: _____ To: _____

Inpatient _____ Outpatient _____

PATIENT CARE/NON-PATIENT CARE ACTIVITIES WORKLOAD RECORDING FORM

WORK DAY	IDENTIFICATION	DIAGNOSIS	(RE)HABILITATION	SUPPORT SERVICES	SERVICE TO HOSPITAL/ COMMUNITY/ PROFESSION	CLINICAL TEACHING	RESEARCH	TOTAL TIME BLOCKS	X10 = TOTAL UNITS
1									
2									
3									
4									
29									
30									
31									
Total Time Blocks by Activity									
X10 = Total Units by Activity									

FORM D

Speech/Language Pathologist or Audiologist _____

Recording Period: From _____ To _____

Inpatient _____ Outpatient _____

PATIENT CARE WORKLOAD RECORDING FORM

WORK DAY	1	2	3	4		28	29	30	31	Total Time Blocks by Activity	X10 = Total Units by Activity
1. IDENTIFICATION Prevention											
Planning/Preparation											
Collection of Inform.											
Analysis of Inform.											
Counselling											
Reporting of Findings											
Sub-total 1											
2. DIAGNOSIS Planning/Preparation											
Collection of Inform.											
Analysis of Inform.											
Counselling											
Reporting of Findings											
Sub-total 2											
3. (RE)HABILITATION Planning/Preparation											
Implementation											
Selecting Devices											
Verifying Devices											
Counselling											
Supervising/Training											
Outcome Analysis											
Reports											
Sub-total 3											
TOTAL TIME BLOCKS											
X10 = TOTAL UNITS											

FORM E

Speech/Language Pathologist or Audiologist_____

Recording Period: From _____ To _____

NON-PATIENT CARE WORKLOAD RECORDING FORM

WORK DAY	1	2	3	4		28	29	30	31	**Total Time Blocks by Activity**	**X10 = Total Units by Activity**
SUPPORT SERVICES											
Department Management											
Employee Meetings											
Caseload Management											
Program Planning/Management											
Quality Assurance											
Providing Supervision											
Receiving Supervision											
Department Maintenance											
Travel											
										Subtotal A :	
SERVICE TO HOSPITAL/ COMMUNITY/PROFESSION											
Board/Committee Functions											
Public Education/Public Relations											
Consultations											
Service to Profession											
										Subtotal B :	
CLINICAL TEACHING											
Speech/Language Pathology or Audiology Students											
Other Students/ Professionals											
Academic											
										Subtotal C :	
RESEARCH											
Project I											
Project II											
Project III											
										Subtotal D :	
TOTAL TIME BLOCKS/WORK DAY											

Subtotals: A _____ + B _____ + C _____ + D _____ = TOTAL UNITS _____

Inpatient_____ Outpatient _____ FORM F Staff I.D. _____
Time Period_____

SPEECH/LANGUAGE PATHOLOGY OR AUDIOLOGY - PATIENT CARE WORKLOAD RECORDING FORM (PATIENT SPECIFIC)

PATIENT DEMOGRAPHIC DATA			IDENTIFICATION						DIAGNOSIS					(RE)HABILITATION								TOTAL TIME BLOCKS BY PATIENT	X10 = TOTAL UNITS BY PATIENT
LAST FIRST	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U		
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
48.																							
49.																							
50.																							
Total Time Blocks by Activity																							
X10 - Total Units by Activity																							

Legend

A - Sex
B - Age
C - Prevention
D - Planning And Preparation
E - Collection of Information
F - Analysis of Information
G - Counselling
H - Reporting of Findings
I - Planning and Preparation
J - Collection of Information
K - Analysis of Information
L - Counselling
M - Reporting of Findings
N - Planning and Preparation
O - Implementation
P - Selecting Devices
Q - Verifying Devices
R - Counselling
S - Supervising or Training
T - Outcome Analysis
U - Reporting

FORM G

Speech/Language Pathologist or Audiologist _____

Recording Period From _____ To _____

PATIENT CARE AND DETAILED NON-PATIENT CARE RECORDING FORM

WORK WEEK	IDENTIFICATION	DIAGNOSIS	(RE)HAB.	TOTAL TIME BLOCKS	X=10 TOTAL TIME UNITS	SUPPORT SERVICES									SERVICE TO HOSP./COMMUNITY /PROFESSION				CLINICAL TEACHING			RESEARCH			Total Time Blocks	X10 = Total Units
						A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S		
Day 1																										
Day 2																										
Day 3																										
Day 4																										
Day 5																										
Total Time Blocks by Activ.					X																					X
X10 = Total Units by Activ.				X																					X	

Legend

A - Department Management
B - Employee Meetings
C - Caseload Management
D - Program Planning/Management
E - Quality Assurance
F - Providing Supervision
G - Receiving Supervision
H - Department Maintenance
I - Travel
J - Board Committee Functions
K - Public Education/Public Relations
L - Consultants
M - Service to Profession
N - Speech/Language Pathology or Audiology Student
O - Non-Speech Students And Other Professionals
P - Academic
Q - Research Project I
R - Research Project II
S - Research Project III

FORM I

DEPARTMENTAL WORKLOAD SUMMARY

REPORTING PERIOD FROM:_____ TO: _____

	UNITS		
	Inpatient	Outpatient	Total
Identification/ Screening/Prevention			
Diagnosis			
(Re)Habilitation			
TOTAL			

	ACTIVE CASELOAD		
	Inpatient	Outpatient	Total
New Referrals			
Active Carryovers			
TOTAL			

ATTENDANCE DAYS		
INPATIENT	OUTPATIENT	TOTAL